

On Weaponizing Fear and Controlling Movement: Scaremongering and Migration amid Coronavirus

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Introduction

As governments and public health officials struggle to prevent the Coronavirus from developing into the most deadly global pandemics of the twenty first century, they have been tasked with yet another pivotal intersection which cannot be overlooked: the impact of the virus on migration and border crossing. With the resort to border closures, airport closures, travel restrictions, and prohibitions on arrivals from certain areas are among leading policy responses, migration has once again proven to be at the centre of the world's policy and human rights concerns.

The national, regional and international pressures to contain and isolate the virus continue to escalate; however, in an international system where millions of people cross borders every single day, completely sealing off one country's borders with its neighbours is almost unattainable. The World Health Organization has been clear on its stance that unmitigated travel bans from affected areas will hardly ever achieve their goals.² It has insisted that protectionism will solely disrupt social and economic ties, and do very little to halt an airborne threat or truly serve the interests of public health.³

On Using Old Tools for New Threats

The threat of a pandemic spilling over into travel restrictions and border closures is hardly a new phenomenon or policy approach. Fear of H1N1 in 2009, Ebola fever in 2014 and Zika virus in 2016 have each prompted calls for tighter restrictions on cross-border movements in a range of countries.⁴ Yet applying border controls to the spread of disease has proven to have little chance of 'halting' the *real* threat.

The first obstacle this measure faces is a practical one. Actual comprehensive screening is close to impossible to properly execute on such a mass scale if one is merely to consider the sheer volume of traffic at airports and ports of entry and the fact that disease detection tools (such as forehead thermometers being used today for instance) are of limited effectiveness. On multiple cases, they have flagged some who are not infected while entirely missing those who are. On another quite logical note, the first line of protection against communicable disease which is 'physical/social distancing' from others, is the very precaution undermined by these long screening queues.

The second obstacle is undoubtedly the complexities of border controls and visa restrictions. Targeting nationality, for instance, may be a direct tool in the realm of public health, but can prove to be unlawfully selective and unjust. For example, a given

state banning Iranian asylum seekers, fails to account for those who may have been living in closed camps in Turkey for years and have had absolutely no recent contact with Iran. Moreover, passengers boarding a plane are screened against criminal and terrorist databases, but airlines do not have systems in place to verify even basic information that would allow individuals to be traced should they become infected.

Simply put, these measures concurrently target some who are not a threat, and miss those who are. These realities have nonetheless put international and legal frameworks to the test, prompting everything from the U.S. and Canada's Safe Third Country Agreement, to the Schengen Agreement to defy their very value system with regard to border management and policy. In an unprecedented step, the U.S.-Canada border has been closed off to non-essential travel.⁵ Austria and Germany, have begun imposing checks on vehicles arriving from Italy, contributing to a broader debate about the future of the Schengen area which is already strained by the emergency border controls of the 2015-2016 migration crisis.⁶

In the United States, the COVID-19-related travel ban imposed by the Trump Administration is more severe than any measure undertaken by the government within the context of containing a public health threat. Never before has a U.S. administration pursued such a comprehensive travel ban, vetting individuals even before they get on the plane when they apply for visas.⁷

Collateral Damage

In addition to failing to achieve their public health goals, these measures may also lead to unintentional painful outcomes. Heightened screening have incentivized travellers to evade detection for instance by masking symptoms or lying about recent travel not deter travel from outbreak zones such as in Lebanon where the protracted majority of cases were detected in, and spread by, travellers who initially lied about their travel history.⁸ This is particularly worrisome due to the fact that ultimately, the only real advantage states have in a public health emergency is people being willing to come forward and reveal their symptoms. Also, enacting blanket travel bans could potentially incentivize more unnecessary travel from an outbreak zone in order to evade these restrictions. Under the Trump Administration's current restrictions, Chinese nationals can only apply for visas to the United States from another country;⁹ this could incentivize unnecessary travel to a country such as Japan for instance.

The overwhelming attention closing borders currently garners, is taking public attention away from where it is better spent: measures that actually work to stop the spread of disease. Symbolic responses that make headlines may give a general sense of "false confidence" that ultimately backfires if states miss a crucial period for targeted interventions that do work.

At this critical stage, states are tasked with maintaining the delicate balance between finding a way to respond to legitimate public concerns without scaremongering, and repairing an already dwindling public trust. And while the urgency of containment often

sparks an ultimately nationalist approach coupled with an instinct to think of national security interests, the solution to complex transnational challenges must by necessity be an international one. Rather than directing their focus inward and on protecting their own citizens, states need to rid themselves of this mindset because of the nature of the crisis at hand. It is only through international cooperation that national security can be achieved, and this virus lays a foundation for a mindset which might ultimately shift the political game as we know it.

Undocumented Immigrants are Most Vulnerable

Ideally, and in alignment with basic human rights principals, immigration status should certainly not inhibit anyone from accessing potentially life-saving medical treatment. Policies that make it increasingly difficult for people to access this type of care puts everyone at risk.

The reality of the matter is that immigration policies might potentially intensify the health crisis. Take the United States for instance, where the Trump Administration instituted a “public charge” rule which went into effect February 24, 2020, that makes immigrants ineligible for residency or citizenship if they rely on government benefits or are deemed likely to use them in the future.¹⁰ This has led masses of individuals in immigrant communities and mixed-status families to avoid pursuing certain health benefits that they are legally permitted to use. They fear jeopardizing their own or family members’ immigration status and future standing in the country. Under the rule, officials are authorized to deny green cards to immigrants if they currently use or might use government benefits. This new “rule” puts forth concerns about its potential impact on relief efforts.

Concerned about the immigration consequences of accessing emergency services and with hardly no options for working from home, undocumented and immigrant communities are the most vulnerable and at the highest risk of infection and death from the Coronavirus. Their likelihood of living in some of the most crowded quarters, suffering from pre-existing health conditions, and experiencing cross-cultural information barriers can make these groups more vulnerable, and subsequently more neglected.¹¹

Moreover, it is not the mere fear of detention and deportation. Undocumented populations generally lack health insurance.¹² Uninsured people are subsequently, less likely than those with coverage to seek care, and when they do, expensive medical bills are likely to be financially beyond their means. Lack of health insurance also discourages people from seeking preventative care, which makes them even more vulnerable to COVID-19 if underlying health issues have gone unaddressed.¹³

As the Coronavirus rapidly spreads across borders and into our communities, a growing danger is the threat of the virus infiltrating jails, detention centres and refugee camps. These people simply cannot exercise social distancing at all. The healthcare system in these settings is already miserably inadequate, and the spread of the

pandemic will only worsen it. Furthermore, immigration attorneys, aid workers, humanitarian organizations' staff as well as even volunteers are concerned that they might unintentionally carry the virus into these settings.

These fears have prompted Iran recently released a reported 85,000 prisoners in an effort to contain one of the world's deadliest Coronavirus outbreak outside China.¹⁴ Lebanon has further passed a draft law to release prisoners from their infamous Roumieh prison who have served their time but failed to pay their due fines.¹⁵

Scaremongering and Weaponizing Fear

Harsh measures currently undertaken in the name of "containing the spread of Coronavirus" are often goldmines for broader aims such as reducing undesirable migration and restricting the movements of refugees, asylum seekers and migrants alike. Greece and Hungary have announced their refusal to accept asylum seekers for one month.¹⁶ President Trump has announced he is closing the U.S.-Mexico border.¹⁷ And on multiple accounts, governments have exploited public health concerns to accelerate other "plans". Greece for instance, has leveraged fears about the spread of Coronavirus to justify its controversial plan to build "closed" camps for asylum seekers who reach Greek shores.¹⁸

Political entities who lobby *against* migration are taking the opportunity to draw a link between asylum seekers, refugees and the virus outbreak, even if there is no evidence to support this. Italy's former Minister of Interior and far-right politician Matteo Salvini, traced his country's outbreak of Coronavirus, without foundation, to the docking of a rescue ship with 276 African migrants in Sicily.¹⁹ The Hungarian Prime Minister Viktor Orban also went as far as to speak of a "certain link" between the spread of the virus and unauthorized migrants.²⁰

Migrants have long been scapegoated for the public health concerns of the day – as even in 2020, it is consistently evident that racism is alive and well. And once more this trend is not new. Cholera was nicknamed the "Irish disease"²¹ in the 1830s just as Trump attempts to name Coronavirus the "Chinese virus" in 2020.²² Nationalist politicians across Europe and the Americas have found they can score *easy points* by casting the blame for their own incompetence on the "other," and by instilling moral panic for political gain. Just as it often is in politics, it is safe to day that fear is being weaponized. The Coronavirus does not need a visa, nor does it need the permission to enter a state, its jails, hospitals, schools or its refugee camps. We put our international community's health at risk if we do not create a safe environment for those who are potentially affected to come forth and get treatment. Building a wall or instilling a travel ban, as time have proven, does little to stop the spread of people, as well as the spread of the virus.

Endnotes

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